

UTILITY BILLING DEPARTMENT

VILLAGE OF ANGEL FIRE

(575) 377-3232

REMIT TO:

P.O. DRAWER 489

ANGEL FIRE, NM 87710

BUYER APPLICATION

WATER AND/OR SEWER APPLICATION AND AGREEMENT

* REQUIRED FIELD

PLEASE PRINT

REQUESTED SERVICE DATE ____/____/____

*Service Address _____
Subdivision Block Lot # House & Street Name

PURCHASED FROM _____
(Please indicate)

*NAME _____
Last First MI

*BILLING _____
ADDRESS Street/PO Box

City State Zip

*PHONE: HOME (____) _____ WORK (____) _____

* Drivers license # _____ E-mail: _____

CARETAKER, PROPERTY MANAGER
OR OTHER EMERGENCY CONTACT:

NAME: _____

ADDRESS _____

PHONE# (____) _____

The Village of Angel Fire requires that a
security deposit be made on all accounts.

Applicant is responsible for notifying the
Village of Angel Fire if service is to be
Terminated.

PLEASE DO NOT WRITE IN THIS BOX

ACCOUNT# _____

ROUTE SEQ _____

METER# _____

REMOTE# _____

METER SIZE _____

METER READING _____

DEPOSIT WS= _____ \$ 50.00

DEPOSIT RF= _____ \$

TOTAL _____ \$ 50.00

VILLAGE OF ANGEL FIRE
AUTHORIZED REPRESENTATIVE

Applicant agrees to pay all applicable rates related to general metered service, disconnect and reconnect charges.

*APPLICANT'S SIGNATURE _____ DATE _____